



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

JACOB ROSENSTEIN MD
800 WEST ARBROOK BLVD SUITE 150
ARLINGTON TX 76015

Respondent Name

LIBERTY MUTUAL FIRE INSURANCE

Carrier's Austin Representative Box

Box Number 01

MFDR Tracking Number

M4-09-8173-01

MFDR Date Received

MAY 14, 2009

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Code 22842 for \$1,293.79 for the posterior instrumentation of the lumbar spine was denied stating 'exceeds fee schedule.' This is incorrect as this was billed correctly according to the fee guidelines, so this code is not subject to the multiple procedures rule and does not get a 50% payment reduction. **The MAR for this code is \$1,293.79 and is still due.**" "Code 38230-51 for \$519.61 for the bone marrow harvest was denied stating, 'charge exceeds fee schedule allowance.' This is incorrect as this code was billed correctly according to the fee guidelines and is not global. It was billed with a -51 modifier to indicate multiple procedures. **The MAR for this code is \$519.61 and since it was billed with a -51 modifier, \$259.81 is due.**"

Requestor's Supplemental Position Summary Dated December 9, 2008: "Will you please withdraw all the DOP codes for example 20936, 27299, 63048, and 90779 on all pending active disputes we have with your office."

Amount in Dispute: \$1,553.60

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "CPT 22842 was denied documentation does not support level of service billed. This code is a 3 to 6 segment instrumentation code and the operative report documents on 2 segments L4 & L5." "CPT 38230-51 BONE MARROW HARVESTING FOR TRANSPLANTATION denied as documentation does not support level of service billed. This procedure is for the removal of donor bone marrow to transplant into another patient. This appears to be a coding error. There is a more appropriate code for the procedure documented as performed."

Response Submitted By: Liberty Mutual Insurance Group

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 5, 2008	CPT Code 22842	\$1,293.79	\$0.00
	CPT Code 38230-51	\$259.81	\$0.00
TOTAL		\$1,553.60	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.202, effective August 1, 2003, sets the reimbursement guidelines for the disputed services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated January 23, 2009 and April 9, 2009

- 150-Payment adjusted because the payer deems the information submitted does not support this level of service.
- X901-Documentation does not support level of service billed.
- 42- Charges exceed our fee schedule or maximum allowable amount.
- Z605-The charge exceeds the scheduled allowance for multiple procedures.

Issues

1. Is the requestor entitled to reimbursement for CPT code 22842?
2. Is the requestor entitled to reimbursement for CPT code 38230-51?

Findings

1. 28 Texas Administrative Code §134.202(b) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided with any additions or exceptions in this section."

On the disputed date of service the requestor billed codes 22612, 22630-51, 63047-59, 22842, 20936, 27299-51, 22851, 38230-51, 20938 and 77002-26.

CPT code 22842 is defined as "Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)."

The respondent denied reimbursement for CPT code 22842 utilizing reason codes "150, and X901".

The requestor states in the position summary that "Code 22842 for \$1,293.79 for the posterior instrumentation of the lumbar spine was denied stating 'exceeds fee schedule.' This is incorrect as this was billed correctly according to the fee guidelines, so this code is not subject to the multiple procedures rule and does not get a 50% payment reduction. **The MAR for this code is \$1,293.79 and is still due.**"

The respondent states in the position summary that "CPT 22842 was denied documentation does not support level of service billed. This code is a 3 to 6 segment instrumentation code and the operative report documents on 2 segments L4 & L5."

The operative report indicates the claimant underwent "Posterior instrumentation of the lumbar spine, L4-5 with Pioneer Quantum pedicle screws and rods." The operative report does not support 3 to 6 vertebral

segments; therefore, the insurance carrier appropriately denied reimbursement based upon reason codes "150 and X901". As a result, reimbursement cannot be recommended.

2. CPT code 38230-51 is defined as "Bone marrow harvesting for transplantation; allogeneic."

According to the explanation of benefits, CPT code 38230-51 was denied payment based upon reason code "150, X901, 42 and Z605".

The requestor states in the position summary that "Code 38230-51 for \$519.61 for the bone marrow harvest was denied stating, 'charge exceeds fee schedule allowance.' This is incorrect as this code was billed correctly according to the fee guidelines and is not global. It was billed with a -51 modifier to indicate multiple procedures. **The MAR for this code is \$519.61 and since it was billed with a -51 modifier, \$259.81 is due.**"

The respondent states in the position summary that "CPT 38230-51 BONE MARROW HARVESTING FOR TRANSPLANTATION denied as documentation does not support level of service billed. This procedure is for the removal of donor bone marrow to transplant into another patient. This appears to be a coding error. There is a more appropriate code for the procedure documented as performed."

The operative report does not support billed service; therefore, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$ 0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

1/16/2013
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.